



Employee Giving Program Payroll Deduction Form



**Together, we touch the lives of thousands of patients and families each year.
Your donation will make a world of difference.**

I would like to support Columbia Memorial Health through payroll deduction, and authorize CMH to deduct the following amount per pay period:

- \$1 per pay period = \$26 annual donation
- \$2 per pay period = \$52 annual donation
- \$3 per pay period = \$78 annual donation
- \$4 per pay period = \$104 annual donation
- \$5 per pay period = \$130 annual donation
- \$10 per pay period = \$260 annual donation
- \$20 per pay period = \$520 annual donation
- Other \$ _____
- This gift is anonymous

Your Signature _____

Your name as you would like to be acknowledged, *please print* (Circle one: Mr. Mrs. Ms. Miss) _____

Your email address ~ *when you share your email with us, we'll share CMH and Foundation news and events with you!* _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ CMH Department _____

Questions? Please contact:

Columbia Memorial Hospital Foundation
518.828.8239 | bklassen@cmh-net.org